## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

T1-31214

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                       |                                                                                                                                                                                                                                                                                                                     |                                           |              |                       |                              |                  |                   | SMALL ENTITY TYPE O |                        |         | OTHER THAN          |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|-----------------------|------------------------------|------------------|-------------------|---------------------|------------------------|---------|---------------------|---------------------------------------|
| TOTAL CLAIMS                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     |                                           | 30           |                       |                              |                  | Γ                 | RATE                | FEE                    |         | RATE                | FEE                                   |
| FOR                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                     |                                           | NUMBER FILED |                       | NUMBER EXTRA                 |                  | E                 | BASIC FEE           | 370.00                 | OR      | BASIC FEE           | 740.00                                |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                     |                                           | 30 minus 20= |                       | * 10                         |                  |                   | X\$ 9=              |                        | OR      | X\$18=              | 681                                   |
| INDEPENDENT CLAIMS                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                     |                                           | ~ minus 3 =  |                       | * P                          |                  |                   | X42=                |                        | OR      | X84=                |                                       |
| MULTIPLE DEPENDENT CLAIM P                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                     |                                           | RESENT       |                       |                              |                  |                   | +140=               |                        | OR      | +280=               |                                       |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                             |                                                                                                                                                                                                                                                                                                                     |                                           |              |                       |                              | L                | TOTAL             |                     | OR                     | TOTAL   | 920                 |                                       |
| CLAIMS AS AMENDED - PART II                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     |                                           |              |                       |                              |                  |                   |                     |                        | 10      | OTHER               | THAN                                  |
|                                                                                                                                                                                      | (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                    |                                           |              |                       |                              |                  |                   | SMALL E             |                        | OR      | SMALL               |                                       |
| AMENDMENT A                                                                                                                                                                          | # 1                                                                                                                                                                                                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE                |
|                                                                                                                                                                                      | Total                                                                                                                                                                                                                                                                                                               | * 30                                      | Minus        | *                     | <b>20</b>                    | = 10             |                   | X\$ 9=              |                        | OR      | X\$18=              | 18000                                 |
|                                                                                                                                                                                      | Independent                                                                                                                                                                                                                                                                                                         | TATION OF M                               | Minus        | ***                   | <u>J</u>                     | =                | $\lfloor \lfloor$ | X42=                |                        | OR      | X84=                |                                       |
|                                                                                                                                                                                      | FINST PRESE                                                                                                                                                                                                                                                                                                         | NTATION OF M                              | ULTIPLE DEF  | ENDEN                 | CLATIVI                      |                  | 1                 | +140=.              |                        | OR      | +280=               |                                       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                                           |              |                       |                              |                  | Δ                 | TOTAL<br>DDIT. FEE  |                        | OR      | TOTAL<br>ADDIT. FEE | 1802                                  |
|                                                                                                                                                                                      | (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                    |                                           |              |                       |                              |                  |                   |                     |                        |         |                     |                                       |
| AMENDMENT B                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE                |
|                                                                                                                                                                                      | Total                                                                                                                                                                                                                                                                                                               | * 30                                      | Minus        | ** 3                  | 30                           | = -              | ]                 | X\$ 9=              |                        | ,<br>OR | X\$18=              |                                       |
|                                                                                                                                                                                      | Independent                                                                                                                                                                                                                                                                                                         | * 2<br>NTATION OF M                       | Minus        | ***                   | <u>3</u>                     | =                | 1 [               | X42=                |                        | OR      | X84=                |                                       |
|                                                                                                                                                                                      | FIRST PRESE                                                                                                                                                                                                                                                                                                         | NTATION OF M                              | ULTIPLE DEF  | ENDEN                 | CLAIIVI                      |                  | <b>」</b> [        | +140=               |                        | OR      | +280=               |                                       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     |                                           |              |                       |                              |                  | L<br>^            | TOTAL<br>DDIT. FEE  |                        | OR      | TOTAL<br>ADDIT. FEE |                                       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                     | (Column 1)                                |              | (Colu                 | mn 2)                        | (Column 3)       |                   |                     |                        |         | ADDITE              | · · · · · · · · · · · · · · · · · · · |
| AMENDMENT C                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE                |
|                                                                                                                                                                                      | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus        | **                    |                              | =                |                   | X\$ 9=              |                        | OR      | X\$18=              |                                       |
|                                                                                                                                                                                      | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus        | ***                   | T OL AINA                    | -                | 1 [               | X42=                |                        | OR      | X84=                |                                       |
| <u></u>                                                                                                                                                                              | LING! PHESE                                                                                                                                                                                                                                                                                                         | NTATION OF M                              | OLITE DEI    | CINDEN                | CLAN                         |                  | <b>J</b>          | +140=               |                        | OR      | +280=               |                                       |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  OR |                                                                                                                                                                                                                                                                                                                     |                                           |              |                       |                              |                  |                   |                     |                        | ∩B      | TOTAL               |                                       |
| ***                                                                                                                                                                                  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |              |                       |                              |                  |                   |                     |                        |         |                     |                                       |